

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594252

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3				1		1
4				1		1
5				1		1
6				3		3
7				1		1
8				1		1
9				1		1
10				1		1
11				3		3
12				1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19			1		1	
20			1		1	
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22			1		1	
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TOTAL IND.		↓	7	↓	7	↓
TOTAL DEP.		←	23	←	19	←
TOTAL CLAIMS			30		26	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						